

**MEMBER'S STATEMENT
APPLICATION FOR DISABILITY RETIREMENT**

PART I - MEMBER INFORMATION

The purpose of this form is to help you apply for a disability retirement benefit under the Connecticut Municipal Employee Retirement System (CMERS). All employees who are applying for a disability benefit **are required** to fill out, execute and **return** this form with his or her application. Your application for a disability retirement benefit and all Physician Statements and records must be received by CMERS within one year of your last day of active service with your employer.

| | | |
|-----------------------------------|----------------------------------------------------|---------------|
| MEMBER'S NAME (Last, First, M.I.) | DATE OF BIRTH | SOC. SEC. NO. |
| EMPLOYER | CURRENT POSITION/JOB HELD BEFORE INJURY OR ILLNESS | |

PART II - GENERAL INFORMATION ABOUT DISABILITY RETIREMENT

You are applying for a disability retirement benefit. The medical documentation that you provide will be evaluated along with non-medical documentation, in connection your application for disability retirement from the Connecticut Municipal Employee's Retirement System (CMERS). Please read this carefully: you are eligible for a disability retirement benefit only when you become permanently and totally disabled from engaging in any gainful employment in the service of the municipality. "Gainful employment" refers to the ability to work at least 20 hours per week on a regular basis. "Gainful employment" is not limited to your own occupation or to comparable employment or to employment that may be suitable because of your experience and training. To be eligible for a disability retirement, you must show that you are permanently and totally disabled from being able to work at least 20 hours per week on a regular basis in any employment capacity regardless if an employment vacancy exists at the time of application.

Your application for a disability retirement must be received by CMERS within one year of your last day of active service with your employer. That is CMERS must receive all the required forms, the Employer Statement, the Physician Statement and medical records within one year from the last day you were physically present at work or you will not be eligible to apply for disability retirement. All of these forms, Statements and records are considered an integral part of your application for disability retirement.

You are responsible for obtaining **all** required Physician Statements (CO-1213) and medical records from every doctor you have seen and/or treated with because of your illness or injury. You or your doctor must send these records to:

Connecticut Municipal Employees Retirement System
55 Elm Street - 2nd Floor
Hartford, CT 06106
"Medical Disability - Privileged-Private."

You (not CMERS) are responsible for any costs incurred in connection with providing this documentation to CMERS. Do not send bills for physician time or service in compiling this information or for copies of medical records and reports to CMERS!

Disability retirement determinations are made in accordance with CMERS retirement regulations. You are entitled to disability retirement benefits only when the information submitted with the application show that you meet these requirements.

PART III - MEDICAL DOCUMENT

In addition to the Physician's Statement, you need to provide CMERS with all medical records which include but are not limited to medical records, correspondence to and from the doctor, discharge summary, history and physical, consults, outpatient reports, corresponding x-ray and pathology narrative reports, laboratory reports, emergency reports and records, office notes, doctor's records, treatment notes, workers' compensation documents and any information related to psychological, psychiatric, and drug and alcohol treatment records.

Once again, you (not CMERS) are responsible for any costs incurred in connection with providing this documentation to CMERS. Do not send bills for physician time or service in compiling this information or for copies of medical records and reports to CMERS!

If you need more space in any section, attach a separate sheet and indicate that an attachment is provided.

PART IV - DISABILITY INFORMATION

What is your specific disability; when and how did it occur?

What are your limitations/restrictions due to your injury or illness?

How has your injury or illness affected your ability to work?

Are you currently working in any capacity full-time, part-time, "light duty" or modified work? If yes, please explain.

PART V - REASONABLE ACCOMMODATION REQUEST

What accommodations have you requested from your employer to allow you to continue to work? Did you ask for any change or adjustment to the job, the work environment or the way work is customarily done to permit you to continue to perform the essential functions of your job? If you did not ask for a reasonable accommodation from your employer please explain why.

Has your employer been able to grant your request? Why or why not? (Attach an explanation or any documentation that you have regarding your request for a reasonable accommodation.)

If you need more space in any section, attach a separate sheet and indicate that an attachment is provided.

PART VI - ADDITIONAL INFORMATION

A. Medical Conditions - List all of the physical or mental conditions (including emotional or learning problems) that you believe limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

1. _____

2. _____

3. _____

B. Physicians - List all the names and addresses of all your doctors by whom you have been treated. Attach an additional sheet if you wish to list more physicians.

1. _____

2. _____

3. _____

C. Medicines - List all the medicines you take, why you take it and who prescribed it.

1. _____

2. _____

3. _____

D. Job History - List the jobs (up to 3) that you have had in the 10 years before you became unable to work. List your most recent job first, the name of the employer and/or department and the duties of that position.

1. _____

2. _____

3. _____

PART VII - SOCIAL SECURITY

1. Have you applied for disability benefits from the Social Security Administration? ☐ Yes ☐ No
2. If the above answer is "no", do you intend to apply within the next 6 months? ☐ Yes ☐ No
3. If the above answer is "yes", please attach a copy of your application to this form.

You must provide CMERS a copy of your Social Security Award Letter as soon as possible after you receive it.

PART IX - MEMBER SIGNATURE

I am applying for a disability retirement benefit pursuant to the provisions of Connecticut Municipal Employees Retirement System. I certify that I have read and understand the information contained in this statement, and subscribe, under the penalties of perjury, that the information I have supplied in this statement is true, complete, and correct to the best of my knowledge.

Signature of Member

Date